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NOTE MAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH		365
BUREAU OF VITAL STATISTICS		ORIGINAL CERTIFICATE OF DEATH		State Index No. 53
County	<u>Yochisel</u>	No. _____		County Registered No. <u>1974</u>
District	<u>Huachuca</u>	St. _____		Local Registrar's No. _____
Town	<u>Garces P.O.</u>	(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)		
Or City	<u>Garces P.O.</u>	FULL NAME <u>Sam A. Kelly</u>		
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
SEX	Color or Race	DATE OF DEATH		
<u>Male</u>	White Indian Black Chinese Mexican	<u>Oct 27</u> 191 <u>6</u> (Month) (Day) (Year)		
DATE OF BIRTH	SINGLE MARRIED WIDOWED or DIVORCED	I hereby certify, that I attended deceased from <u>Oct 22</u> 191 <u>6</u> to <u>Oct 27</u> 191 <u>6</u> ; that I last saw h <u>er</u> alive on <u>Oct 26</u> 191 <u>6</u> , and that death occurred on the date stated above at <u>2</u> P.M. The DISEASE or INJURY causing Death was as follows: <u>Retention Pneumonia</u>		
AGE		(Duration) _____ yrs _____ mos _____ days		
<u>72</u> yrs <u>8</u> mos <u>26</u> days	If less than 1 day _____ hrs, or _____ min.	Was disease contracted in Arizona? <u>yes</u>		
OCCUPATION		If not, where? _____		
(a) Trade, profession or particular kind of work		CONTRIBUTORY <u>Senility 72 yrs old</u>		
(b) General nature of industry, business, or establishment in which employed or (employer)		(Duration) _____ yrs _____ mos _____ days		
BIRTHPLACE (State or country)		(Signed) <u>Andrew Stephenson M.D.</u>		
NAME OF FATHER		<u>Oct 28</u> 191 <u>6</u> (Address) <u>St. Huachuca</u>		
BIRTHPLACE OF FATHER (State or Country)		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.		
MAIDEN NAME OF MOTHER		LENGTH OF RESIDENCE		
BIRTHPLACE OF MOTHER (State or Country)		At place of death <u>9</u> yrs _____ mos _____ ds. In Arizona <u>25</u> yrs <u>6</u> mos <u>26</u> ds.		
The Above Is True to the Best of My Knowledge		Former or Usual Residence _____		
(Informant) <u>James E. Kelly</u>		Filed _____		
(Address) <u>Garces, Arizona</u>		191 <u>1</u> <u>5</u> <u>Hernderson</u> (2)		
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL	Local Registrar		
<u>Garces - Ranch</u>	<u>Oct 29</u> 191 <u>6</u>	County Registrar		
UNDERTAKER	ADDRESS	Filed <u>Nov 2</u> 191 <u>6</u>		
<u>W. J. Anderson</u>	<u>Garces, Arizona</u>	<u>Oct 27</u> 191 <u>6</u>		